DETAILED CLINICAL REPORT (CASE REPORT)

GENERAL INFORMATION

- **Patient ID:** BM-001
- **Gender:** Female
- **Age:** 19
- **Definitive Diagnosis:** Paranoid schizophrenia (ICD-10: F20.0)
- **Diagnostic History:** Schizotypal personality disorder (F21), Acute polymorphic psychotic disorder (F23.1)

1. CHIEF COMPLAINT / REASON FOR ADMISSION

The patient was admitted to the Department of Mental Health (A6) – Military Hospital 175 in a state of:

- Psychomotor agitation.
- Homicidal ideation.
- Recent suicide attempt via an overdose of psychotropic medications.

2. CLINICAL HISTORY (HISTORY OF PRESENT ILLNESS)

Prodromal and Onset Phase (Prior to 2025)

The patient had a multi-year history of cognitive and thought disturbances:

- Bizarre thinking, mythologizing everyday events.
- Belief in personal symbolic interpretations.
- Frequent feelings of being watched (ideas of reference), though a well-defined delusional system had not yet formed.
- **Diagnosis during this phase:** Schizotypal personality disorder (F21). *(Diagnosed at: National Psychiatric Hospital No. 2)*

First Admission Event (July 2025)

The condition severely deteriorated into acute psychosis (F23.1, previously diagnosed by the National Institute of Forensic Psychiatry Bien Hoa) with severe perceptual distortions:

- **Visual and somatic hallucinations:** Perceiving body parts (hands) disappearing; seeing headless figures moving; pareidolia causing static objects to possess threatening expressions.
- **Suicidal behavior:** Ingesting a cocktail of 50 psychotropic pills (Olanzapine, Risperidone, Lamotrigine, and Sodium Valproate).
- **Status upon admission:** Agitated, loss of behavioral control, with ideations of decapitating people around her. Treated with bed restraints and high-dose sedative injections.

Formation of the Delusional System (September 2025)

Following discharge, despite maintaining her prescription (Risperidone 4mg, Olanzapine 10mg), symptoms progressed to F20.0:

- **Panoramic visual hallucinations:** Seeing the room flooded with blood; persistent presence of deformed entities (red demons, long-limbed black shadows).
- **Personified auditory hallucinations:** Hearing a female voice calling itself "Thanh Ca". This was a complex auditory hallucination involving direct dialogue, commentary, and command hallucinations. The patient developed a profound psychological dependence on this entity.
- **Delusions:** Development of persecutory delusions and Capgras syndrome (the belief that relatives had been replaced by impostors/doubles).

Acute Exacerbation and Recurrent Behavior (February – March 2026)

- **February 2026:** Hypomania accompanied by severe thought disorder. Speech was incoherent with loose associations. Homicidal impulses emerged, alternating with panic states where she sought medical help.
- **March 2026:** Acting on commands from "Thanh Ca", the patient ingested a high dose of 20 Risperidone tablets and locked herself inside. Readmitted to Dept. A6 in a comatose state due to toxicity/overdose.
- **Treatment Conflict:** The family showed a tendency to switch to spiritual practices (rituals, exorcisms) due to the "ritualistic" nature of the psychotic episodes and the treatment-resistant nature of the "Thanh Ca" hallucination.

3. CURRENT MENTAL STATE EXAMINATION (SUMMARY)

- **Consciousness:** Alert but difficult to engage/interview due to being preoccupied by hallucinations.
- **Thought Content/Process:** Persecutory delusions, delusions of misidentification, and ideas of reference predominate. Thought processes are incoherent during acute episodes.
- **Perception:** Persistent commanding/derogatory auditory hallucinations ("Thanh Ca"); complex visual hallucinations.
- **Affect/Mood:** Unstable mood, easily agitated, exhibiting an inappropriate affect.
- **Insight:** Absent. The patient firmly believes the hallucinations are real entities possessing controlling powers.

4. CLINICAL ANALYSIS AND RISK ASSESSMENT

1. **Treatment Resistance:** Poor response to standard doses of both typical and atypical antipsychotics. Positive symptoms only reduced in intensity but did not fully resolve under the effect of Sodium Valproate.
2. **Suicide Risk:** Extremely high (Grade IV). History of multiple actual attempts, driven directly by commanding auditory hallucinations.
3. **Violence Risk:** High. Presence of homicidal ideation targeting healthcare staff and relatives, rooted in persecutory delusions.

5. TREATMENT PLAN AND PROGNOSIS

- **Treatment:** Recommended combination of high-dose atypical antipsychotics + long-term mood stabilizers. 24/7 inpatient surveillance is mandatory to prevent suicidal behavior.
- **Prognosis:** Guarded to poor. Characterized by early onset, complex symptomatology, recurrent suicide attempts, and a lack of stable psychological support from the family. High risk of progressing into chronic schizophrenia with cognitive decline (schizophrenic dementia) if acute exacerbations cannot be controlled.

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APPENDIX: CLINICAL STATISTICS AND PSYCHIATRIC HISTORY - MEDICAL RECORD BM-001

I. Administrative Information & Medical Diagnosis

Category	Detailed Information
Identifier	BM-001
Gender / Age	Female / 19 years old
Diagnostic History (ICD-10)	F21 (Schizotypal disorder); F23.1 (Acute polymorphic psychotic disorder with symptoms of schizophrenia)
Current Diagnosis (ICD-10)	F20.0 (Paranoid Schizophrenia)
Treatment Facility	Department A6 - Military Hospital 175; National Psychiatric Hospital No.2; Bien Hoa National Institute of Forensic Psychiatry
Current Status	Partially treatment-resistant; requires continuous behavioral surveillance due to high risk of violence and suicide.

II. Perceptual Symptom Statistics (Hallucinations)

The patient's hallucinatory system is complex, polymorphic, and multi-sensory, manifesting in both agitated and calm states.

Classification of Hallucinations	Clinical Manifestations (Psychopathology)	Characteristics / Severity
Visual Hallucination	Seeing body limbs disappear or detach and move independently (Somatic/Autoscopic hallucinations).	Periodic; causes distortion of the body schema.
Visual Hallucination	Seeing surrounding people headless, black giants, red demons, and a crying young girl.	Obsessive; characterized by violent and gruesome themes.
Visual Hallucination	Panoramic hallucination: Seeing the living space flooded with blood.	Completely disrupts visual reality.
Visual Hallucination	Repetitive visual hallucination (an endless loop of a person jumping off a building).	Visual compulsion; no further details develop.

Auditory Hallucination	Hearing commentary, derogatory, and insulting voices ("Useless, failure").	Distinct sounds originating from the external environment.
Auditory Hallucination	Commanding/imperative auditory hallucination: A personalized voice instigating suicide or homicide.	High intensity; directly directs the patient's behavior.
Somatic Hallucination	Constant sensation of electric shocks; sensation of an electric current/lightning bolt passing through the brain and internal organs.	Strongly linked with delusions of control.
Presence Hallucination	Constantly sensing an invisible person or entity standing next to them in a closed room.	Triggers anxiety and persecutory/surveillance delusions.
Illusions	Pareidolia: Seeing drawings/inanimate objects (cars) with faces	Distorted perception combined with ideas of reference.

	that smile and look at them.	

III. Thought Symptom Statistics (Delusions)

The delusions of BM-001 lack a coherent, systematic structure but exert a high level of behavioral control. The patient completely lacks insight.

- **Capgras Syndrome (Delusional Misidentification):** Believing that relatives (mother) and colleagues have been replaced by impostors, goblins, or disguised creatures.
- **Persecutory Delusions:** A persistent belief that medical doctors, colleagues, and friends are conspiring to harm, humiliate, or defame them.
- **Ideas of Reference:** Attributing hostile meanings to ordinary behaviors of surrounding people (laughing, talking, using phones).
- **Delusions of Control:** Believing that their brain and thoughts are being manipulated and "cleansed" by an alien creature or an independent stream of consciousness; the body no longer belongs to them.
- **Formal Thought Disorder:** Tangential/loose associations, disorganized speech/speech interruption, and combining illogical concepts (e.g., a tree, an egg, a lightning bolt) into phrases with no practical communicative meaning.

IV. Behavioral History & Affective Symptoms

- **Impulse Control Disorder & Violent Behavior (Homicidal Ideation/Aggression):** Persistent homicidal ideation (wishing to decapitate surrounding people and medical staff). Shows no remorse or moral conflict (displays facetiousness and excitement when describing violent acts).
- **Suicidal Behavior (Suicidal Ideation & Attempts):**
    - **July 2025:** Attempted suicide by overdosing on a cocktail of 50 psychotropic pills (Olanzapine, Risperidone, Lamictal, Valproate). Received timely emergency intervention.

    - **March 2026:** Continued to overdose on 20 Risperidone pills with suicidal intent, accompanied by weapon preparation (knife) and public announcements on social media.
- **Affective Symptoms:** Inappropriate affect—uncontrolled, excited laughter when discussing death and brutality. Abrupt mood swings from cheerfulness to agitation, rage, and irritability.
- **Social Behavior:** Social withdrawal, disconnected from reality, but occasionally exhibits outbursts of hostile, uninhibited interactions on social media platforms.

V. Psychopharmacological Intervention History

The patient has undergone inpatient treatment with potent psychiatric regimens but only showed a partial response; positive symptoms (hallucinations, delusions) persist chronically.

- **Second-Generation Antipsychotics (Atypical Antipsychotics):**
    - *Risperidone (Risdontab/Torendo):* Recorded dosage up to 4mg/day.
    - *Olanzapine (Olanzol):* Recorded dosage of 10mg/day.
    - *Levosulpiride (Evaldez):* 50mg/day.
- **Mood Stabilizers / Anticonvulsants:**
    - *Sodium Valproate (Dalekine):* High dosage up to 1000mg/day to suppress neural impulses and manage agitation.
    - *Lamotrigine (Lamictal):* Noted in past medical history.
- **Antidepressants (SSRIs):**
    - *Sertraline (Zoloft/Savi Sertraline):* 50 - 100mg/day.
- **Neuroleptics / Anxiolytics (Benzodiazepines):** *Diazepam* (administered during acute phases to manage uninhibited behaviors).